MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9
County War certag	Registration Dist. No. 357
Village or City— Many Thell	No. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lana Lu Cellen	If U. S. Veteran, specify WAR 710
(a) Residence: No. Mary Hill R. F. A.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day and year) (144 10 \$ - 1937	I last saw h A alive on 127 29 1937 : death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 230 Am.
O I I I I I I I I I I I I I I I I I I I	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or posticular	were as follows
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	1 Junio - Millionia 10/25/37
9. Industry or business in which work was done, as SILK MILL.	<u> </u>
SAW MILL, BANK, etc	associated disease : Whooping angle
year) occupation	Dther Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Down July	1.4.4.0.4
(State or country) maryland	Walnutrition unlesson
13. NAME homas milbaurue 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Make Celles 16. BIRTHPLACE (city or town) Show Kill (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Trace TVI	Accident, suicide, or homicide? Date of Injury, 19
(State or country) many and	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Makel Millen. (Address) Science Hell Mid RF S	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place automate Date 31,1951	Nature of injury
19. UNDERTAKER Harns A Dennis	24. Was disease or injury In any/way related to occupation of deceased?
(Address)	If so, specify
20 EUED 10/30/ 10378ERO Suith	(Signed) . All your July M. D.
Registrar.	(Address) Approxility day.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Ä

STATE OF MARYLAND—CERTIFICATE OF	DEATH	1131
----------------------------------	-------	------

1. PLACE OF DEATH	(8)
County Le occasion	Registration Dist. No. 357
Village or City Near Snow Hell	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
- 12 M	arille 5
2. I OLE MAINE 1000	7 I A
(a) Residence: No. Aurollevell, Med. (Usual place of abode)	SE, / N . Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH
Walle I Drugge Smelle Wold)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Que 30 - 1929	I last saw h Ameliye on 10-17-37 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8-45 m.
8 - / / 7 1 day,hrs.	were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc.	1 1 1 1 101
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at. this occupation (month and	Acastet Level (1/3)
SAW MILL, BANK, etc	-
o this occupation (month and spent in this year) occupation	
mandand	Other-Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	/ taily laidles 1916
13. NAME This. Barrer	7.09.07
13. NAME / BOWN 14. BIRTHPLACE (city or town) 2014	Name of operation Date of Date of
(State or country)	What test confirmed diagnosis level Was there an autops 10
15. MAIDEN NAME Besse Tiell	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Besse Tilely 16. BIRTHPLACE (city or town) Dod.	Accident, suicide, or homicide? Date of injury 19
S (State or country)	Where did Injury occur?
17. INFORMANT Thor Barnes	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL Place M & Description Hillate Clef. 19, 193	Manner of injury
ridcept Last 1997	Nature of injury
19. UNDERTAKER TEAMETER	24. Was disease or injury In any way related to occupation of deceased?
(Address) Secono Hill, Md.	If so, specify The Ischi
20. FILED 19/19/, 190 / TELDy Druth Registrar.	(Signed) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	3 3
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE.

S. No.

Every statement Exact REC PERMANENT classified. × properly THIS plnods may so that supplied. plain terms, carefully ıı pe

item of

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH pluods County /// ar Registration Dist. No. Village or City of (If death occurred in a hospital or institution, give its NAME instead of street and number PHYSICIANS How long In U.S. If of foreign birth?_____yrs.____mos.. If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) nass. (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE If LESS than Months Deys I day hrs. CAUSE OF DEATH end related causes of Importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BODKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back II. Total time (years) ID. Date deceased last worked at this occupation (month and spent in this occupetion __ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) Was there an autopsy?____ MOTHER 15. MAIDEN NAME important 23. If death was due to externel causes (VIOLENCE) fill in elso the following: Date of Injury Sept. 28., 1937. CAUSE OF DEATH 16. BIRTHPLACE (city or town Where did injury occur? Barlin, Worcester County, Marylands (Stete or country (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT pluods Very (Address) new home. 18. BURIAL, CREMATION, OR REMOVAL S mation LION Neture of Injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registra

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 2 1997			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
N-19-			
		N	

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11321
1. PLACE OF DEATH	9
County Wordesler,	Registration Dist. No. 30/
Village or City Rear Suow Well	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John De Copelare (a) Residence: No. Seepen Hills, R. F., (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH / D 2 0 (Month) (Oey) (Year)
5e. If married, widowed, or divorced HUSBANO of	, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
6 DATE OF REPTH (month day and year) Select 15-1935	
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, at
2 . / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	Franchistory Les mobables
9. Industry or business In which	died Frame Whoobing
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cought 1 8/10 da
O 10. Date deceased last worked at this occupation (month end yeer) spent in this occupation occupation	Weakling-deformed.
12. BIRTHPLACE (city or town) near Secon Hill	Other Coutributory Causes of Importance:
(State or country)	
13. NAME Thomas Copeland	,
13. NAME / hours Copeland 14. BIRTHPLACE (city or town) Norfolk Ve	Name of operation
(State or country)	What test confirmed diegnosls? Wes there an autopsy?
15. MAIOEN NAME Elevera Civiliony 16. BIRTHPLACE (city or town) Pocomoke City	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Pococcope Ciles	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Mal.	Where did Injury occur?
17. INFORMANT Thomas Cokeland. (Address) Superfill, ned.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hells Chapeloate 10/20, 1937	Menner of Injury
19. UNDERTAKER Westone & Prisey. (Address) Super Hill md. R. F. D.	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 10/201, 1937 REROY Swith.	(Signed) Les Suith A. Rog, # M.D. (Address) Schowfill, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis E V E D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NO 5 1987	July 5,1927	Peritonitis	3 days ago
RAIDEAU V. St.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

19. UNDERTAKER

(Address)

mation should be carefully supplied.

B.—WRITE PLAINLY,

ż

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH

. . . .

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Worcester ,	Registration Dist. No. 357
Village or City (New Anow Ital),	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?ds.
2. FULL NAME Still form Deal.	If U. S. Veteran, specify WAR 220
(a) Residence: No XX	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH CLOSE 10 1937 (Year)
5a. If married, widowed, or divorced X	
(or) WIFE of	22. HEREBY CERTIEY, That I attended decaased from
0 2 10 11 20	193 1 to Via
6. DATE OF BIRTH (month, day, and year)	I last saw h Michael alive on Old 1-0710, 1931; death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the dete steted ebove, at
X orXmin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER,	No not lenous
SAWYER, BODKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	Still-Corn.
SAW MILL, BANK, etc	Syphilis (matheas Terroreamon positive").
this occupation (month and spent in this year)	Curlo
1 1 1 00	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) New June 1	A
(State or country) Many and	No not know.
13. NAME Place Weall.	
14. BIRTHPLACE (city or town) August High	Name of operation Dete of
(State or country) Waryland	What test confirmed diagnosis? Was there an autopsy? X
15. MAIDEN NAME Maidy torman.	23. If deeth wes dua to external causes (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide?Date of injury19
If BIRTHPLACE (city or town) (State or country)	
17. INFORMANT Mandy Seal:	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place WIT Wesley Cere 10/11 1937	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	(1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

V. S. No. 1

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-m
County - JUSTES	Registration Dist. No. 357
Village of City Show Will	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds
GILLAND D. M. C. I	211
2. FULL NAME CASHALL TO THE PARTY OF THE PAR	If U. S. Veteran, specify WAR
(a) Residence: No. Swow / Well 11. 1. 7. 7. 7. (Usual place of abode)	/ St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A LOS
Male White OR DIVORCED (write the word)	CHOCEN J., 193 /
a. 4f married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBANO of Mumble of Greef	22. I HEREBY CERTIFY, That i attended decaasad fro
West of 1200	, 19, to, 19, 19
DATE OF BIRTH (month, day, and year)	l iast saw h; death is sa
AGE Years Months Oays If LESS than	to have occurred on tha dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causas of Importance
4/ / ormin.	wera as follows:
8. Trada, profession, or particular kind of work done, as SPINNER HOME	lepshu dry lance to
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	his droll as a risull
work was dona, as SILK MILL, The SAW MILL, BANK, etc.	I factured still or
10. Oata dacaesad lest worked at 11. Totel time (years)	The dud aline negling
this occupation (month and 193) spant in this occupation occupation	Votan ed to a marge o thick
2. BIRTHPLACE (city or town) Man 1	Other Cantributary Causes of Importance:
(State or country)	Thursted by Charley I Lemme
13. NAME Thornash Street	and the Ford Truck ofmaled
14. BIRTHPLACE (city or town)	Nama of operation Reacus And some Date of 10/9-
(Stete or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME LANGER TOURS	23. if death wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? are des Date of injury 679 193;
(State or country) Mullyne	Whara did injury occur? on Amon Here & Dalusting Non
7. INFORMANT/MIS MANNIE STATE	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Anoth Hall MO (R. A.D.#)	
8. BURIAL, GREMATION, OR REMOVAL	Manner of injury
Piage J. C. Claff. House Date 18 J. A. 193	Nature of injury I had on Skeep factor
9. UNDERTAKER Scarne & Degranes	24. Was disease or injury in any way ralated to occupation of daceasad?
	-1
(Address) grow Hell MC	If so, spacify
	(Signad) Spread & Historian AR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	Registration Dist. No. 35/
	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
-	If U. S. Veteran, specify WAR NO.
	St Ward.
	If nonresident give city or town and State
i	MEDICAL CERTIFICATE OF DEATH
_	
	21. DATE OF DEATH
	(Month) (Oey) (Year)
	(month) (bey) (feel)
	22. OI HEREBY CERTIFY That Lattended deceased from 19 37 to CF 2 19 37
	2 - 10-4/3/ 87
	I last saw + 2 alive on
n	to have occurred on the date stated above, et /m.
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
	1 2 2
	Semelite
	B' O O O
	Tamang Cause : Arteria recerosisa.
	Discation 3 Unknown Cent & R.
	Other Contributory Causes of Importance
	1, 1
	/ mirpol an
	20
	Name of operation
	What test confirmed diagnosis? Was there en autopey?
	23. If death was due to external causes (VIOL ENCE) fill In also the following:
	Accident, suicide, or homicide? Date of Injury
	Where did Injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Specify whether injury occurred in the botter, in floring, of the botte feate.
-	
2 3	Manner of Injury
1	Nature of Injury
	24. Was disease or injury in any wey related to occupation of deceased?
	If so, specify
-	(Signed) (Signed) M. D.
	(Address Level O Hill M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ll l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CELVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1937	July 5,1927	Peritonitis	3 days ago
GEORGE V.S.	and the second s		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Ward number) nos. ds. d State , 193 / (Veer)
number) nosds. d State , 193 / (Veer)
number) nosds. d State , 193 / (Veer)
d State
d State
, 193
, 193
deceased from
deceased from
1 deceased from
6 10mm
7 death is said
; death /s said
,
Date of onset
VC+26-
102
1
autopsy?
ng:
, 19
ate)
LACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WINNAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	B.—WR		
	ż		
Dr	F		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11321
1. PLACE OF DEATH	23
county wor ceste	Registration Dist. No. 35/
Village or City (1 Ear Drow) fill	NoSt, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?
2. FULL NAME Zilian Barrant	If U. S. Veteran, specify WAR 900
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Oct. 20, 1937 (Month) (Day) (Year)
Sa. If married, widowed, or divorced walf Quarties (or) WIFE of Jahren Sale Quarties	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, dey, and year) ASA, 20 1912	I last saw hear alive on Oct 1, 1, 1937 death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 4 P.m.
2 5 / O 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were act of lows:
8. Trade, profession, or particular kind of work done, as SPINNER, House Le ork SAWYER, BOOKKEEPER, etc.	Julmonary Tuberculosis do not kn
9. Industry or business In which work was done, as SILK MILL, J-L W SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Manyland (State or country)	Other Contributory Causes of importance:
# 13. NAME John Dale	
4 14. BIRTHPLANE (city or town) 22 and and	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Menora Harman	23. If death was due to external causes (VIOLENCE) III in also the following:
[State or country]	Accident, suicide, or homicide?
17. INFORMANT 920, H, Xall (Address) & The Address Add	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 1 1 1 1, Date (Det , 24, 193)	Nature of Injury
19. UNDERTAKER / January & Common Com	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 10921, 1937 LERoy Secret	(Signed) Alleman Jews M. D. (Address) Marat hill Med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis E WED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	THE RES
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

CTATE	^ E	MADVE	AND CERTIFICATE OF	DELETT
SIAIL	OF	MARYL	AND—CERTIFICATE OF	DEATH

11327

1. PLACE OF DEATH	W.P.	
County //orcustry	Registration Dist. No. 374	
Village or City Attoopton	NoSt., Ward	
	death occurred in a hospital or institution, give its NAME instead of street and number)	
1 2 ma 1.	ds. How long in U.S. If of foreign birth?yrsmosds.	
2. FULL NAME COULDING IN ULLS	If U. S. Veteran, specify WAR	
(a) Residence: No. Stockton mc	St., Ward.	
(Usual place of abode) / PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE / S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Male Cos Divorce (write My word)	Description 17 193 7	
5al If married, widowed, or divorced	(Month) (Day) (Year)	
HUSBAND of Or Department Mills	22. A HEREBY CERTIFY, That rattended deceased from	
serine Mais	Oct 25 1937 to C-7 27 193>	
6. DATE OF BIRTH (month, day, and year) intercourt	I last saw have alive on 1927; death is said	
7. ACE Years Months Days I LESS than I day,hrs.	to have occurred on the date stated above, atm.	
Haut 30 or or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER James	Joba human	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at 11. Total time (years)		
this occupation (provided 1937) spent in this occupation		
12. BIRTHPLACE (city or town)	Other Contributory Couses of Importance:	
(State or country) Maykana		
13. NAME Ilia Clarmon		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Herela Fillish	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19	
(State or country)	Where did injury occur?	
17. INFORMANT Justing Mills	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Stockton md	***************************************	
18. BURIAK, CREMATION, OF REMOVAL	Manner of injury	
Place Charles Date Con 19-3-	Nature of injury	
19. UNDERTAKER HERENE TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TH	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Snow Alle mg	If so, specify	
20. FILED Oct 29, 1927 Mary M. Tayly	(Signed) (Signed) M, D.	
Registrar.	(Address) fra Charles &	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:	

1		4	
	2	5	
	U		
	>		

1. PLACE OF DEATH	OF MARTLAND	CERTIFICATE OF DEATH
1 1 1	← ,	
		Registration Dist. No. 202
Village or City Beeles	md.	No. St., W f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where		ds. How long In U.S. if of foreign birth?
2. FULL NAME Seven	Colum m	wray
(a) Residence: No.		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
52. If married widewad as diversed	widowed	(Month) (Day) Yaa
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	B murray	22. I HEREBY CERTIFY, That I attended deceased
		dug 3/ ,1937, to Och The ,19
6. DATE OF BIRTH (month, day, and year)	104-6-1863	I last saw h. Jan alive on
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at. 6-1m.
14 3	24 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc		Cerebrof Hamorohogo 8-31
	1.11	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1,000	
10. Date deceased last worked et this occupation (month and	11. Total time (years) spent in this	
year) - Dec - 1 - 9 3 6	occupation 0	Pther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	d	
(State or country)	1 4	
13. NAME John	murrey	
14. BIRTHPLACE (city or town)	ma	Name of operation
	40,	What test confirmed diagnosis? MBDD Was there an autopsy?
I	in loosly	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town) (State or country)	ma	Accident, suicide, or homicide? Date of Injury, 19_
me tel	si Mana	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT (Address)	lin ma	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	6 13 33	Manner of Injury
Place Cobenies Ser	_ Date (193)	Nature of injury
19. UNOERTAKER Margo	retto Her at	24. Was disease or injury in any way related to occupation of deceased?
(Address)	elleville 200	If so, specify
20. FILED Oct 3 1937 Dru	s. Kan Berge.	(Signed)
	Kigistrari	(Address) alleration

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Lixample II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy + AON	1 week ago
Chronie interstitial, nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 3 A 1 3	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

N. B.-WRITE

V. S. No. 1

or-	ate	·A-	
inf	st	CUP	
Jo u	plno	000	
iten	sh	Jo	
ery	INS	ent	1
EV	CIV	tem	
RD.	[XX]	sta	
BC	PE	sact	1
r R	Y.	6	
EN	TL	ed.	
AN	AC	ssif	
SRM	X	cla	d)
I PI	P	erly	icat
S	state	rop	ertif
SII	pe s	he I	o jo
TH	pla	ay	ck
IK.	shou	it m	n ba
CI C	38	hat	IS OI
INC	V(so th	tion
FAL	ied.	ns, s	tru
No	lddr	terr	ins
H	y SI	lain	Se
WIT	lluje	d u	int.
χ,	car	H	orta
I	pe	EAT	imp
-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
回	she	EO	is v
'RI	tion	US	NO
3	12	A	

	45-
STATE OF MARYLAND—	CERTIFICATE OF DEATH 11329
Missaullas	49 350
County / Pacific Res D #1	Registration Dist. No.
Village or City Comble Cly (1) 170 1.77-1	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How iong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Annal J. Fowell	If U. S. Veteran, specify WAR 10
(a) Residence: No Joeomoke Cety R. Tr.D. A	St., Ward.
(Usuai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	Library 16 193 7
ia. If marriad, widowed, or divarced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	21. HEREBY CERTIFO That I attanded deceased from
The age of the same	700 44 ,1937, to 4 /6 4 , 1937
5. DATE OF BIRTH (month, day, and year) Hele / - / 3 7	I last saw h aliva on
1 day bre	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	ware as follows: Date of onset
kind of work done, as SPINNER foreservice SAWYER, BDDKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, Swanfforme	language Granes 1936
	The uterine growth was moligorant
10. Data dacasas last worked at this occupation (month and year) spant in this year) with year.	Duration 1/2 years config
	Dther Contributory Causes of Importanca:
(State or country)	When Oknow and 1921
13. NAME John Ut Beauchon	131
14. BIRTHPLACE (city or town)	Nama of operation
(Stata or country) Manyland	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME /Leftice /Ladder	23. If death was dua to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) To compare Set B. Fr. D. #/	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	Manner of Injury
Place Deling follows tell Data W1. 193/	Nature of Injury
19. UNDERTAKER Yearne & themas	24. Was disease or Injury in any way felated to occupation of daceased?
(Address) Coccernolie City my	if so, spacify
20. FILED Oct. 18, 1937 Clane & Stut.	(Signed) M. D.
Registrar.	(Addrass) / www.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Battimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

em of infor-	should state	OCCUPA-	
A.D. Every it.	HYSICIANS 8	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
INENT REC	CTLY. PH	sified. Exact	
IS A PERM	stated EXA	properly clas	ertificate.
K-THIS	hould be	t may be	back of c
ADING IN	ed. AGE s	s, so that it	tructions on
VITH UNF	ully suppli-	plain term	it. See insi
Amely, v	ld be caref	DEATH in	y importan
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11330
1. PLACE OF DEATH	(51-0)
County Worcester.	Registration Dist. No. 3572
Village or City Ocean and	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
2. FULL NAME William I. Cherry	If U. S. Veteran, specify WAR 100 (Relight)
(a) Residence: No. Ocean City, and (Usual place of floode)	St., Ward. Great Guard Services If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Of 29 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Pelliain D. Puruell.	22. JHEREBY CERTIFY. That attended dacaasad from 29, 1937
6. DATE OF BIRTH (month, day, and year) \une 15, 1872	i last saw h alive on for 29 GS 7; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
65 4 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Hipportelie conf
SAWYER, BOOKKEEPER, atc.	The lung will 40/2/87
9 Industry or business in which work was done, as SILK MILL, Jetted Co and Guard	ffrance / Duyles
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation occupation	
m., l., 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	N. 01 - A F.C- 0.00
	too let - 0
13. NAME Walland Survell. 14. BIRTHPLACE (city or town)	There I was
4. BIRTHPLACE (city or town) (State or country)	Name of operation Data of 193
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Auden 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Many	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. W. J. Purull. (Address) O care Celi and.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece	Nature of Injury
19. UNDERTAKER J. W. Burbage.	24. Was disease or injury in any way related to occupation of deceased
(Address) (Serling mid	If so, specify
20. FILED 14/1- ,1917 J. S M. W. Registry	(Signed) M. D. (Addrass) Alegae Cale Med
Two Resident	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 8 2 6 4	1		
NOV 2 1991	10		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1 1. P	LACE OF DEATH		(97)
1	County be orceste		Registration Dist. No. 357
1	Village or City M Ear &n	on Hell	NoSt.,Ward
	Length of residence in city-or town where death		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
	ULL NAME	Bossofa	21 -
	(a) Residence: No. Burow	61:00 P 7	If U. S. Veteran, specify WAR A St Ward.
(a) Residence. No. 17	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX	ale colord s.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Dey) (Yeer)
5a. If ma	arried, widowed, or divorced	1	
(or) WIFE of Larras	Rowley	22. HEREBY CERTIFY, That I attended deceased from
6. DATE	OF BIRTH (month, day, and year) 244	kuowu	I last saw h alive on 10/1/3), 19; death is seld
7. AGE	Yeers Months	Days If LESS than	to have occurred on the dete stated above, at _/ △ \$ D . Am.
6. DATE 7. AGE	out >6	I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
NOI 8	Trade, profession, or perticular kind of work done, es SPINNER SAWYER, BDDKKEEPER, etc.		710. Dz. ru allerdance at live
1 -	Industry or business in which	mer	The state that the sections
SUP	work was done, es SILK MILL, SAW MILL, BANK, etc.		Mentory forcest values /
9. 10. 10. 12. BIR1 13. 13.	Date deceased lest worked et this occupetion (month and yeer)	11. Totel time (years) spent in this occupation	
non	022-	- Companion	Other Coutributory Causes of importence:
12. BIRT	THPLACE (city or town) 9 11 000000000000000000000000000000000	year a	11. protant
HER 13.	NAME Benjami	n Rowley	Mary
. -	BIRTHPLACE (city or town) In a	unlang	Name of operation Date of Date of
~	(Stete or country)		Whet test confirmed diegnosis? Was there an autops
MOTHER 19.	MAIDEN NAME Palsy	rowley	23. If death was due to external causes (VIDLENCE) fill in elso the following:
16.	(Stete or country)	mad	Accident, suicide, or homicide?
15. NFD 16. 17. INFD (18. BURI	1 - DI'. Sta-		Where did Injury occur? (Specify city or town, county and State)
17. INFD	(Address)	el Brx	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Above entrees meade by 2-
18. BUR	IAL, CREMATION, DE REMOVAL	(A b a a	Mahneror hiptry in altendance - Dz -
	Place Devoluting	Date Wel. 20, 190)	Noture of injury Falk. S. Walsehe.
19. UND	ERTAKER / \$ 2 ame 3 }	12 mms	24. Was disease or injury in eny wey related to occupetion of deceased?
	(Address) Suprethi	el ma	If so, specify
20. FILE	D 10/19 , 1937 REC	y Sweeth.	(Signed) & Eloy Suill & Veg M, D.
	If more blan	Registrar.	(Address) Afficial Control of the Address (Address) Afficial Control of the Address (Address Control of the Address Control of the Address (Address Control of the Address Control of t

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE

Exact statement of OCCUPA.

PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I .		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1007	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage NUV	July 5, 1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	220
County Worcester	Registration Dist. No. 3172
Village or City Ocean City	No. St. Ward
Length of residence in city-or town where death occurred 213 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrs,mosds.
(1, m)	.mosas. now long in 0.5.11 of foreign pirtin?yrsmosas.
2. FULL NAME James ()	vage
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	
Male White OR DIVORCED (write the word	(Mohth) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Justiphine Savage	22. THEREBY CENTIFY, Dat 1 attended deceased from
6. DATE OF BIRTH (month, day, end year) Morech 11.1860	last saw h. alive on 19 19 197 death is said
7. AGE (Yeers Months Days If LESS tha	n to heve occurred on the dete stated above, at 1 Pm.
77 7 8 1 day,	THE FRINCIPAL CAUSE OF DEATH and Telatra Causes of Importance
9 Trade profession or particular	Cerebras hemorriage Data of oncet
SAWYER, BOOKKEEPER, etc.	with paralytics 4416
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	87
10. Date deceased last worked at 11. Total time (yeers)	
this occupation (month and 42 2 spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Court of imposterice:
(State or country) Manydond.	
13. NAME John Savage	
13. NAME Show Savage 14. BIRTHPLACE (city or town) 1995	Name of operation Date of
(Stele of County)	What test confirmed diegnosis?
16. BIRTHPLACE (city or town)	23. If deeth was due to externel ceuses (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	No. of the last of
Place/ Dishopville, More act. 21, 191	Menner of injury
Mr Parla Water	24. Wes disease or injury in eny way related to occupation of deceased?
19. UNDERTAKER / Sold for all form	If so, specify
20. FILED 10/19 3, 19 37 J. 8 Mrunson	(Signer) A Corresponding M. D. Marketter M. Marketter

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication—of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HARRALI V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1333
1. PLACE OF DEATH	WITHIN COMPORATE CIMITS OF	7.0
County // Orgelsler	93-© Registration Dist. No. 35	0
Village or City Cocomobe Cety	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and sds. How long In U.S. if of foreign birth?yrsm	
2. FULL NAME & arriet Smith	If U. S. Veteran, specify WAR	
(a) Residence: No. Pocomoke City mg	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Day)	, 193 / (Yeer)
ie. If merried, widowed, or disprced	(month) (bay)	(1661)
HUSBAND of George Amith	25 FAT HEREBY GERTIEN Thet lettended	depended from
5. DATE OF BIRTH (month, day, and year) Timberour	1 lest saw here elive on Old of 31 1937	_; deeth is sale
7. AGE Years Months Deys If LESS then	to heve occurred on the dete steted ebove, et	
efact \$0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	I Date of the A
8. Trede, profession, or perticuler kind of work done, es SPINNER	2	Date of onset
SAWYER, BOOKKEEPER, etc. Foundation	Cardiae Vistaria	9/23/5
9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc		-
10. Date decessed last worked at this occupation (moph and yeer)	· /	-
	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Masultano	PARDIO-VASCUTAR Scheroses	171
	14111010-11-11-11-11-11-11-11-11-11-11-11-	
		-
(State or country)	Name of operation Dete of	
	Whet test confirmed diegnosis? Wes there an	
The state of the s	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury Where did Injury occur?	, 19
17. INFORMANT Mass Westa Stevenson of (Address) Processing Cett Md	(Specify city or town, county and Sia Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE,
18. BURIAL, CREMITION, OR REMOVAL	Manner of injury	
Place Stocklow Try Date Cel. 11 , 1937	- Neture of injury	
19. UNDERTAKER Hearne + Dennish	24. Was disease or Injury In any way releted to occupation of deceesed?	NO
(Address) Polomobe Cly Mg	If so, specify	
20. FILED Oct. 9, 1937 Unne Co Phile Registrar.	(Address) POCOLUOKE City	adm. o
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were a	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	NOV 5 1991	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	17813	July 5,1927	Peritonitis	3 days ago	
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				DATE TO THE	

MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	WITHIN CORPORATE LIMITS OF	
County Wascester	Registration Dist. No. 350	
Village or City To comohe City	No. St	Ward
/2	(If death occurred in a hospital or institution, give its NAME instead of street and number	r)
Length of residance In city or town where death occurred	osds. How long In U. S. If of foreign birth?yrsmos	ds.
2. FULL NAME Mary O. Domad	If U. S. Veteran, specify WAR 40	
(a) Residence: No / Jogomoke Cuit	St., Ward.	
(Usual place of abode)	. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the mord)	21. DATE OF DEATH CELTILEY 18	7
Hemale lealoned Widowed	(Month) (Day)	(aar)
5a. If married, widowad, or livorcad HUSBAND of (or) WIFE of	22. A HEREBY CERTIEY -That Lattended daceas	sed from
John angad	OCT 12- 1957, to OCI 18-	937
6. DATE OF BIRTH (menth, day, and year)	I last saw her alive on Oct 15- 137; daat	h Is said
7. AGE Years Months Days If LESS than	to hava occurrad on the date stated above, at 10 A.m.	
86 0 17 1 day,hr	THE RESCRIPTION OF DEATH and leated causes of importance	- Live A
8. Trada, profession, or particular		olonset
kind of work done, as SPINNER.	Cerebal Munhage 19	1/2/3
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at f		
SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month) and spent in this spent in the spent in this spent in the spent in this spent in the		
o this occupation (mb) that 1923 spent in this 304	L/	
TO DIDTURE ACT (Street or CO)	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Mruo SCHEROZIS	·
# 13. NAME John The Thing		1
14. BIRTHPLACE (cit or town)	Nome of possession	
(Stata or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy	
15. MAIDEN NAME Starlis & Comment	23. If death was due to external causas (VIOLENCE) fill in also the following:	/1
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	19
E (State or country)	Whara did injury occur?	
17. INFORMANT John P. Joing	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) & Comple City MAR. FD.	2	
18. BURHAL, CREMATION, OR REMOVAL	Mannar of Injury	
Phinospha man Date 11. 20, 193)	Nature of injury	
19. UNDERTAKER HEARING	24. Was disease or injury in any way related to occupation of dacaased?	1
(Addrass) Cocomobe City mg	If so, specify	
20. FILED Oct 20 1937 ann E. Shite	(Signed) Lee Hall	M. D.
Registrar.	(Address) folothe bhe Lity. Und	
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MOV 5 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDIN

N. B.—WRITE PLATMLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
F. B. L.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11335
County Nacesler	Registration Dist. No. 354
Village or Cityrear Wellouine	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Darasu Luguria	+ agrov
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female White Widowed	21. DATE OF DEATH (Month) (Day) (Yaal)
5a. If married, widowed, or divarced HUSBAND of (or) WIFE of E. Washington Taylor	22. I HEREBY CERTIFY, That I attended deceased from Oct. 12. 1937 to Oct. 13. 1937
6. DATE OF BIRTH (month, day, and year)	I last saw her alive on Qcf 23, 1927; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
79 S 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Lower SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and this occupation (month and spent for this spen	Valvular Disease 4
work was done, as SILK MILL, bouse select	Heart and
10. Date daceased last worked at this occupation (month and year) occupation	Chronic Dephrities 6 mor
12. BIRTHPLACE (city or town) - Mary fand	Other Contributory Causes of importants Alexander Sday
13. NAME A A A A CONTROL OF THE CONT	Name of execution
(State or country) Maryland	Nama of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dougillas Pauno	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Dusilla Gayno 16. BIRTHPLACE (city or town) Hardeland (State or country)	Accidant, suicide, or homicide?
17. INFORMANT Frankle Taylow (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL COUNTRIES, 1900	Mannar of Injury
Place Lenston Date Let 125, 1937	Nature of injury.
19. UNDERTAKER / · A . Dhiells (Address) New Church, Ma	24. Was disaase or injury in any way related to occupation of deceased? Alb.
20. FILED Oat 24, 1937 Mary M. Tuy la Registrar.	(Signad) John Drekelson M. D. (Address) At Later Mad
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Nov 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

11336

)	Registration Dist. No. 350
- ale Cità	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
sent U. Malers	If U. S. Veteran, specify WAR
make Cito MAR. T.D.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWD, OR DIVORGED (write the word)	21. DATE OF DEATH (Month) (Day) (Vaar)
ma Il Waters	22. THEREBY CERTIFY, That I attended deceased from
Oct -7 1747	I last saw here alive on Och 3:3, 4, 193.7; death is said
nths Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 9:30 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	wara as follows:
James	typerfelasia Mosta De
Jarm	gipadi
928 11. Total tima (yaars) spant in this occupation	
to end	Other Contributory Causes of importance:
merset County My	Kelmton & Mrene get 37
Marin Marine	Name of operation Date of
Vilaunte MP	What test confirmed diagnosis? Was there an autopsy?
lie Boston	23. If death was dua to axtarnal causas (VIOLENCE) fill in also the following:
At to see	Accident, suicide, or homicide? Date of Injury, 19
Alamon My	Whara did injury occur?(Specify city or town, county and State)
ne tracers	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Try. Date Oct. 27, 1937	Manner of Injury
Date, 1907	Nature of injury
the at mis	24. Was disease or injury in any way related to occupation of deceased?
anne E. Thite	(Signad) M. D. (Address) M. D.
	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at sehool or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis NOV 3	1915	Attack of epilepsy	1 week ago	
Company homographics	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

WITH UNFADING INK—THIS IS A PERMANENT REC

AGE should be stated EXACTLY.

properly classified.

pe

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

N. B.—WRITE PLA

V. S. No. 1

PHYSICIANS should state D. Every item of infor-

Exact statement of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH 11337		
1. PLACE OF DEATH	948 3 ~/		
County VOCCULATION	Registration Dist. No. 35/		
Village Vor City Drow Hill	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
	dealn occurred in a norpital or institution, give its INAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Charles H. Williams	If U. S. Veteran, specify WAR_ 70		
1 34 00 0 1	St., Ward.		
(Usual place of abogle)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE. 5. SINGLE WARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR, RACE, OR DIVORCED (write the word)	21. DATE OF DEATH School 25 193 7		
56. If marriad, widowad, or disorcad	(Month) (Day) (Year)		
HUSBAND of (or) WIFE of Tida & Wylliams	22. I HEREBY CERTIFY, That I ettended deceesed from, 19, 19, 19		
6. DATE OF BIRTH (month, day, and year) March 15-1850	I last saw h elive on, 19; death is sald		
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 4		
87 7 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance ware as follows:		
S. Trada, profession, or particular kind of work dona, as SPINNER Little Sawyer, BOOKKEPER, etc.	no De un allerdance		
9. Industry or business in which	ord predderly he		
work was done, as SILK MILL, M. D. Chunch	arrived after death		
10. Deta deceased last worked at this occupetion spant in this 3 3.	paid Heart Failure.		
year) year) occupation occupation	Offiret tradition to a proper and a compart of important of the land of the compart of the compa		
12. BIRTHPLACE (city or town) Manuform	Serility - old age.		
13. NAME Name Milliams	Crimary Cause, probably coronary thrombouls		
14. BIRTHPLACE (city or town)	Name of operation fifteen or twenty rownths CWARS.		
(State or country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Patony Showing	23. If death was due to extarnal causes (VIOLENCE) fill In also the following:		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
(Stata or country)	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT A VILLA WILLIAMS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL GREMATION OR BENOVAL BOAT 27	Manner of Injury		
Place Date Date 195	Neture of injury.		
19. UNDERTAKER LEGIMES LEGISLA	24. Was diseasa or injury in eny way related to occupation of deceased?		
(Address) Smort Alle Mg	If so, specify P #351		
20. FILED 10/2 S, 19 27 DECoy Schrett, Registrar.	(Signed) All Super Hill, M.D.		
/ Kegistrar.	(Mulicoo) - 18		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under-other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Pcritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FU	UKTHEK	STATEMENTS	BY	PHYSICIAN
-------------------------	--------	------------	----	-----------